

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

MP4011113019

Briefly in your own words please describe your problem and the assistance you are seeking from the Department. If more space is needed, please attach additional sheets. Attach copies of policies, correspondence and all supporting documentation.

I was told by the agent that by rolling over the other policies I had into the one listed on the front of the form that I would not have to pay any further premiums with All the Dividend's etc. from my other policies to cover the cost of this policy. After going through all the delaying applying etc. when I received the policy it stated an annual premium of \$1000 for 3 yrs. then \$1624 for one year then \$267 for 10 yrs. and 20 yrs. and then \$65 when it was to be paid up a premium of \$5000. When I questioned this with the agent I was told that was not what he said and I just misunderstood. I had the premium Benched. This was also done with the assistance of the then Branch Manager identified only as Joe Present for the original presentation. I have read of the Present Problems being from Mortgage Sales Programs and feel that I must have been one of those of whose victims. Would like the Department to examine the enclosed papers and advise me of what actions I should take in this matter. Thank You!

PLEASE SIGN AND DATE THE STATEMENT BELOW.

To the best of my knowledge, the information contained herein is correct. I am attaching copies of my policy, papers and other correspondence relative to this problem. I understand that a copy of this form and attachments may be forwarded to the insurance company involved.

SIGNATURE

DATE

HARRISBURG REGIONAL OFFICE
Room 1121 Strawberry Square
Harrisburg, PA 17120
(717) 787-2317

PITTSBURGH REGIONAL OFFICE
Room 204 State Office Bldg.
100 Liberty Avenue
Pittsburgh, PA 15222
(412) 585-5020

PHILADELPHIA REGIONAL OFFICE
Room 1701 State Office Bldg.
1400 Spruce Garden Street
Philadelphia, PA 19110
(215) 560-2630

ELITE REGIONAL OFFICE
Room 513 Baldwin Bldg.
Post Office Box 6142
Erie, PA 16512
(814) 871-4466

12/28/93

EXHIBT 17

M300800101661

JAU 040052

METLIFE CORPORATE INTERNAL AUDITING

REPORT NO. 93-20060

AUGUST 12, 1993

**AUDIT OF:
J15 MONROEVILLE, PA BRANCH
RS2 PITTSBURGH, PA REGION
MIDEASTERN TERRITORY**

METLIFE CONFIDENTIAL

**CONFIDENTIAL
PROPRIETARY**

MLPH 3042281

GA014125

JAU 040054

ENVIRONMENT

The J15 Monroeville, PA Branch Office is currently staffed with a branch manager, a branch administrator, eleven account representatives and two support staff members. Branch Manager Michael Bashur has thirty years of service with MetLife and was appointed District Manager in November 1974 and as Branch Manager June 1980. Mr. Bashur was appointed to the Monroeville Branch on January 4, 1993. Branch Administrator Karen Regan has approximately twenty-five years of service with the Company and was appointed branch administrator December 1, 1986.

OBJECTIVE AND SCOPE

An audit was completed for the week of July 12, 1993. The primary objective was to determine the branch office is functioning in accordance with established policies and procedures. The scope included a review of branch records and included tests in the following areas.

- o Accounting
- o Income
- o Disbursements/Expenses
- o Underwriting
- o Compensation/Personnel

OPINION/CONCLUSION

The system of internal control is generally satisfactory and is sufficiently controlled to prevent serious errors. Management is working effectively to ensure the control environment prevents or detects errors from occurring. There are minor control issues regarding Supervision of Accounting and delays in Policy Delivery. Management concurs with our findings and will take the appropriate action to address the issues. The exceptions are outlined in the Functional Summaries and Recommendations section and detailed on Fact Sheets, if appropriate.

FUNCTIONAL SUMMARIES AND RECOMMENDATIONS

- 1) **SUPERVISION OF ACCOUNTING:** - Our review of the audit control log revealed that periodic public window audits were not being conducted on clerical personnel as required. These audits represent an excellent tool to assist management in detecting/deterring fraudulent activity.

RECOMMENDATION: A schedule should be prepared by the Branch Office to include audits of clerical personnel every six months.

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PAGE 1

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GA014127

(to be sent only if the irregularity is monetary)

Statement Regarding Irregularities
Instructions

JAU 040056

1. This form is to be completed in quadruplicate. The original is to be forwarded to the Field and Mortgage Investment Auditing Division by the District Sales Manager, together with the report of irregularities. If the irregularity is non-monetary this copy is to be destroyed. The first carbon is to be forwarded to the Regional Office and the second carbon is to be forwarded to the M.P.L. Service Office (which your district reports). The third carbon is to be retained in the District Office files.
2. Part A is to be used by the District Sales Manager or Field and Mortgage Investment Auditing Representative to outline the irregularities.
3. Part B is for the Field Representative's use to afford the representative an opportunity to explain any extenuating circumstances contributing to the conditions outlined in Part A.
4. The District Sales Manager is to prepare a separate letter of comment regarding the irregularities and Field Representative's explanation and send it to the Regional Office with this form.
*This copy is to be forwarded only if requested by M.P.L. or if a monetary irregularity in connection with P.&L. business is involved.

KEITH ANDERSON
Field Representative's Name

862-1
Agency

J15 MONROEVILLE, PA 00
District Name and Number

Refer to Form 4933 Inst. - Section II - District Office Reference Binder

Part A

Description of Irregularities

A PHONE INTERVIEW WITH POLICYHOLDER [REDACTED] ESTABLISHED THAT
NO CASH TRANSACTION WAS MADE BETWEEN 6.16.93 AND 6.22.93
ON POLICY NUMBER 93 [REDACTED] FOR \$53.50 RESULTING IN
UPC OF \$53.50

Part B

Field Representative's Statement to the Regional Sales Manager

THIS CASE WAS A CHANGE IN MADE SHORTLY AFTER IT WAS ISSUED.
IT TURNED IT COULD BE CANCELED WITHIN THE FIRST 3 MONTHS AFTER
ISSUE. I CALCULATED THE DIFFERENCE AND ADVISED THE CLIENT TO
PAY THAT AMOUNT. FROM I WAS ADVISED BY TAO THAT AN ADDITIONAL
AMOUNT OF \$53.50 WAS DUE. BECAUSE OF OTHER PROBLEMS WITH THIS
CASE I WAS DISCOMFORTED TO ASK FOR THIS ADDITIONAL AMOUNT.
MY REASON FOR THINKING, AFTER TIME FROM TO CHANGE AMOUNT WAS
ISSUED, POLICIES, WASN'T THE CLIENT'S FAULT. THIS, I PAID
THE \$53.50 MYSELF. AT THE TIME I DID NOT REALIZE TO
WAS BREAKING ANY COMPANY RULES. SINCE THE AUDITOR, MAI ZHANG,
FOUND THIS ERROR, I'VE CONTACTED THE INSURER AND THEY ARE
GOING TO REIMBURSE ME. I ASSURE YOU THAT I WON'T MAKE
SUCH AN ERROR AGAIN, IN MY CAREER WITH METLIFE.

July 15, 1993
Date

[Signature]
Signature of Field Representative

4933 (11-79) Printed in U.S.A.

Metropolitan Life Insurance Company

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GA014129

MLPH 3042285

REDACTED

M300800101667

JAU 040058



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MLPH 3042287

GA014131

JAU 040060

FUNCTIONAL SUMMARIES

- WP#12
- SECT G
AUDIT OF AR'S
- WP#13
- 1) Management has not properly supervised account representatives and clerical personnel. This is evidenced by non compliance with Company rules concerning an audit of the Public Window activity every six months and lack of controls over the delivery of new policies. Nine of eleven representatives had thirty-five policies undelivered within 10 days of receipt in the BO.
 - 2) One case of Unpaid Premiums Credited (UPC) was established in Account Representative Anderson's Agency No. 862. No additional irregularities were established. Contact with the policyholder showed confusion involving Company rules thru a change from COM to Annual mode of payment. The AR admitted to embarrassment with the transaction as the cause for his paying the premium and the policyholder has stated she will reimbursement the AR for his outlay. See Form 4933, Statement Regarding Irregularities attached.
 - 3) A review was conducted of AR Singleton's (Agency 824) sales activities after BM Bashur raised concerns of his whereabouts. The review establishes that AR Singleton has submitted "NIL" deposit sheets since the end of his first Quarter of May 16, 1993 and then only on Thursdays in anticipation of his pay check. AR Singleton was interviewed on Friday July 16, 1993 with out additional information being supplied. The BM has sought the advice of the Regional Office concerning termination.

RECOMMENDATIONS

- 1) Mr. Maurer's letter establishes that Management should review the Report of Undelivered Policies, Form T22500 "to uncover patterns of late deliveries" of new policies.

In addition, the completion of Annual Audits and audits of the Public Window will help detect accounting irregularities and a tightening of supervision will safe guard Company funds.

- 2) Management has been informed of this transaction and the representative has been cautioned concerning his accounting activities. Our review established that this was an isolated incident and the telephone interview with the insured shows that there was a considerable amount of confusion regarding the change of mode transaction. Management will continue to monitor the AR's transactions which would be appropriate action at this time.
- 3) The BM's action of termination proceedings on advice of the Regional Office would bring this matter to a satisfactory conclusion at this time.

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PAGE 2

MLPH 3042289

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GA014133

MIDWEST AUDITING MACRO RISK ANALYSIS FORM

JAU 040062

LEAD AUDITOR'S EVALUATION OF: JLS MONROEVILLE PA BD

I. Current Year Audit Findings:

1.	2.	3.	4.	5.
GOOD		AVERAGE		POOR

II. Condition of Records:

1.	2.	3.	4.	5.
GOOD		AVERAGE		POOR

III. Quality of Internal Controls:

1.	2.	3.	4.	5.
GOOD		AVERAGE		POOR

IV. Comfort with Operating Management:

1.	2.	3.	4.	5.
GOOD		AVERAGE		POOR

Specific Areas of Concern For Next Audit: _____

N/ALast Audit Date: JANUARY 24, 1991Current Audit Date: JULY 12, 1993Proposed Next Audit Date: 7-12-1998Number of Man Days - Current Audit: 5 Next Audit: 5

Explain Any Large Variance In Man Days: _____

NONE

Additional Comments: _____

NONECompleted By: William Zurlo

Reviewed By: _____

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MLPH 3042291

GA014135

JAU 040064

LEAD AUDITOR ZURLODate JULY 16, 1993

TIME ANALYSIS REPORT

(1)	(2)	(3)	(4)	(5)	(6)	(7)
TYPE OF AUDIT COMPLETED (NO. AND NAME)	AUDITOR'S NAME	DATE FROM - TO	NUMBER OF WORK DAYS	TOTAL WORKDAYS PER AUDIT	NO. OF NON- WORK DAYS PER ASSIGN.	
515 Monroeville PA. RD.	Zurlo	7/2 - 7/4	5	5	0	()
		-				()
		-				()
		-				()
		-				()
		-				()

TOTALS PER ASSIGNMENT: 5 0

EXPENSE ANALYSIS REPORT

(1)	(2)	(3)	(4)	(5)	(6)	(7)
TOTAL TRAVEL EXP AUDITOR/AMT	NAME OF AUDIT	NO. OF DAYS	TRAVEL EXPENSE PER AUDIT	PERG. INB. SUBSIDIARY ALLOCATION	INVESTMENT OWNERSHIP PERCENT	INVESTMENT SUBSIDIARY ALLOCATION
				MLI \$	%	\$
				IC 21	%	\$
				MHC	%	\$
				MFL	%	\$
				MBSI	200P 100%	\$
				MHL	CAB 100%	\$
				MIAAC	FRNL 100%	\$
				OTHER	HFEC 100%	\$
					NEBF 100%	\$

TOTAL (COL. 1) \$ _____ AVERAGE DAILY EXPENSE \$ _____

NOTE: PLEASE REFER TO PAGE NO. 2 FOR INSTRUCTIONS.

Rev. (5-88)

MLPH 3042293

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GA014137

M300800101675

METRO VITAN LIFE
AND AFFILIATED COMPANIES

JAU 040066

Metropolitan Life Insurance Company

To - FIELD ADMINISTRATION

JOHNSTOWN ADMIN Head Office

Audit of: JIS MONROEVILLE PA 80 Office

Date Started: JULY 12, 1993

Date Completed: JULY 16, 1993

The following forms, completed in conjunction with the above audit, are attached:

☒ Copy of Audit Report. We are conducting separate correspondence with the Regional Sales Office and/or Head Office on the audit findings.

☒ Form 563

Safe Combination Change

Request for Poster(s)

ADDITIONAL COMMENTS:

Martin E. Dugan
Manager
Personal Lines Auditing

DATE: JULY 16, 1993

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16005 (5-88)

MLPH 3042295

GA014139

TALL 040070
JAU 040070

Forms 342 reviewed for four months to Jan 19 March
1993. No additional cash deposits noted.

Phone interview with [REDACTED] indicates possibly
wanted change from car to Ann. AR computed prem.
required incorrectly and did not indicate same to
[REDACTED] Paid Prem. [REDACTED] acknowledged
and stated she would reimburse AR Anderson. See
Form 4933, Statement of Discrepancies attached.

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MLPH 3042299

REDACTED

GA014143

JAU 040074

CHECK REGISTER 07 16 93

NAME OF PAYEE	NET PAY	1ST YR COMM	GROSS PAY	PAY TO DATE
---------------	---------	-------------	-----------	-------------



ROBERT B PIERCE	1012.72	1021.88	1912.46	51104.19
THOMAS P BIELSKI	689.21	976.23	1429.57	34735.21
KENNETH F KACZMAREK	328.48	427.66	562.15	14143.77
WILLIAM E SINGLETON	330.86	202.10	550.00	11550.00
JOSEPH C KOZUSKO	436.26	501.98	620.58	3638.30
NORMAN W BROZOVICH	527.95	0.00	590.00	1100.00
KEITH W ANDERSON	393.25	356.25	539.97	15164.52
DENNIS L TRAVIS EFT	423.96	3693.34	800.00	135474.04
PAUL R FORNEY	413.77	346.00	575.00	23031.98
MARTIN GERMANOWSKI	260.47	326.97	391.04	15430.50
DEBORAH A FORNEY	313.06	262.87	396.75	11338.92

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MLPH 3042303

GA014147

M300800101685

JAU 040076



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MLPH 3042305

GA014149

M300800101687

JAU 040078

Balance
71293 w/ 37

1 215.00 +
1 215.00 +

20.00 +
351.07 +
165.00 +
8.23 +
670.65 +
1 215.00 +

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MLPH 3042307

GA014151

M300800101689

JAU 040080

STATEMENT OF CASH ACCOUNT

This form is to be completed each month at the time the Manager's Bank Account is reconciled. **DURING THE MONTHS OF MARCH, JUNE, SEPT. AND DEC. THIS FORM IS TO BE COMPLETED IN DUPLICATE.** Send the original to the appropriate unit in your head office (See chart in Form 3314-A, Manual of Instructions for Clerks, Operational Guide 7-5). Retain the duplicate copy until after the next audit by a Supervisor of Accounts but do not destroy earlier than one year from completion.

From

Branch/District 15 MONROEVILLE PA BO
Number _____ Name _____

Date Completed July 12, 1993

Debit		Credit	
Advance by Company for Bank Account	121500	Bank Service Charges	2000
Compensation		Compensation	
Dishonored Checks		Dishonored Checks	
Errors - Field Rep. Sales Office Deposit Items		Errors - Field Rep. Sales Office Deposit Items	
		Manager's Bank Account	35107
		Money Order Expense - Detached/Outlying Raps.	
Refund Expense		Refund Expense	
		Shortage - Clerks' Daily Cash Balance	
		Cash on Hand	165000
Postage Expense		Detached Banks	
Cooperative Advertising		Postage Expense	128
		SUNDAY EXPENSE	67065
Total	121500	Total	121500

1. Are the figures entered on this form exactly as indicated in the various Ledger Accounts, Cash Sheet, and Checkbook?
2. Are there any dishonored checks pending more than ten days? If so, itemize below.
3. Are there any items in the Compensation Ledger Account pending over 30 days? If so itemize below.
4. Are there any open items over two months old? (Exclude Clerk's Shortage.) If so, itemize below.
5. Are there any Charge and/or Credit Coupons, Forms 3343-C & D, over three months old? (Refer to listing of Open Charge and Credit Coupons.) If so, complete Forms 12484 if not previously submitted and attach to this Form 669. Also, indicate below the number of Charge Coupons outstanding and the total Amount in the "Debit" column and the number of Credit Coupons and the total amount in the "Credit" Column.
6. Has a trial balance been taken at least once a month, and are adding machine tapes attached to last copy of Form 669?
7. Are all ledger accounts in balance? If not, explain below.
8. Has the Manager's Bank Account been reconciled each month and did it agree with the Manager's Bank Account Ledger?*

Write
"Yes" or "No"

Details of Open Items or Out-of-Balance Conditions

[illegible]

Date 7-12-93

Branch Administrator/Office Manager William Zuck SA

TO BE COMPLETED BY THE BRANCH MANAGER/DISTRICT SALES MANAGER

I have reviewed with the Branch Administrator/Office Manager the "Details of Open Items or Out-of-Balance Conditions" listed above and verified that the necessary action has been taken for the prompt disposition of the items. Also, I have notified the Manager, Personal Insurance Auditing, where the Manager's Bank Account **has not been** reconciled and/or out-of-balance for two consecutive months.

Date _____

~~SECRET~~

669 J-87. Printed in U.S.A.

• 23 2367)

GA014153

JAU. 040082

From TISMONROEVILLE PA BO
Branch/District Number Name

Date Completed July 12, 1993

1. Are the figures entered on this form exactly as indicated in the various Ledger Accounts, Cash Sheet, and Checkbook?
2. Are there any dishonored checks pending more than ten days? If so, itemize below.
3. Are there any items in the Compensation Ledger Account pending over 30 days? If so itemize below.
4. Are there any open items over two months old? (Exclude Clerk's Shortage.) If so, itemize below.
5. Are there any Charge and/or Credit Coupons, Forms 3343-C & D, over three months old? (Refer to listing of Open Charge and Credit Coupons). If so, complete Forms 12484 if not previously submitted and attach to this Form 569. Also, indicate below the number of Charge Coupons outstanding and the total Amount in the "Debit" column and the number of Credit Coupons and the total amount in the "Credit" Column.
6. Has a trial balance been taken at least once a month, and are adding machine tapes attached to last copy of Form 569?
7. Are all ledger accounts in balance? If not, explain below.
8. Has the Manager's Bank Account been reconciled each month and did it agree with the Manager's Bank Account Ledger?*

[illegible]

Date 7-12-93 Branch Administrator/Office Manager William Zuck SA.

I have reviewed with the Branch Administrator/Office Manager the "Details of Open Items or Out-of-Balance Conditions" listed above and verified that the necessary action has been taken for the prompt disposition of the items. Also, I have notified the Manager, Personal Insurance Auditing, where the Manager's Bank Account has not been reconciled and/or out-of-balance for two consecutive months.

Date _____ Branch Manager _____
689 (2-67) Printed in U.S.A.

GA014155.

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National 15-404 5-1-93
 15-704 11-1-93
 MADE IN USA

THE MONROEVILLE PA BO
 RE. IN OF FORMS 342
 AUDIT AS OF JULY 12, 1993

7/12/93
 JAU 040086

ACI NO.	REPRESENTATIVES NAME	JUNE 25		COMMENT
		TO JULY 2	TO JUNE 25	
172-3	PIERCE, ROBERT	✓	✓	
903-3	BIALSKI, TOM	✓	✓	
815-2	KACZMAREK, KEN	✓	✓	
521-1	SCHAEFER, JEFF	DISABILITY	DIS	
924-1	SINGLETON, W	✓	✓	
230-1	KOZUSKO, JOE	✓	✓	
862-1	ANDERSON, KEITH	ARM VAC.	✓	
870-1	TRAVIS, DENNIS	✓	✓	
872-3	FORNEY, PAUL	✓	✓	6.28 N.I. NO BUSINESS 6.22 CASE SENT WITH #870
881-2	GERMANOWSKI, MARTIN	✓	✓	
888-3	FORNEY, DEBBIE	✓	✓	6.28 N.I. NO BUSINESS
890-1	BROZOVICH, NORM	0	✓	
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25	MISC.			
26	IRS 10.1K CASH DEPOSITS			NONE
27				
28	STP PROCEDURES Q BREAKS			OK
29				
30	HO SUMMARY REVIEW DATES: 7.6.93 TO 6.1.93			OK
31				
32	OBJECTIVE/SCOPE: TO REVIEW FORMS 342 COMPLETED BY OFFICE			
33	PERSONNEL FOR PROPER RECEIPT & ACCOUNTING OF CO.			
34	FUNDS			
35				
36	CONCLUSION: RESULTS OF REVIEW INCONSEQUENTIAL, NO AUDIT			
37	COMMENT.			
38				
39				
40				

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MLPH 3042315
 2

GA014157

M300800101695

113113

JAU 040088

MECHANIZED SUSPENSE INQUIRY SYSTEM

PRINT OPTION	HEAD OFFICE	SUSPENSE FILE	SELECTION CRITERIA	STATUS DATE1	DATE2
		CRCPN	DST/COR/OTH - J15 NAME- AMT - CASE-	U	
Y-YES	SE	320	DST - DISTRICT	U	-UNRESOLVED
	CE	072	COR - CORRESPONDENT	D	-DELETED
	NE	072ADJ	OTH - SPECIAL LOOKUPS	I	-ISSUED
	GL	342ADJ	NAME- NAME/820.072-PN	?	-STATUS HELP INFO
	NB	SRICF	AMT - AMOUNT		
	NC	CHGCPN	CASE- CASE NUMBER		
	21	CRCPN	? - GENERAL HELP INFO		
	E	WKERR			
	W	NGCK			
	WN	SP			
	A	190A			

TERMINATE : PF1=CLEAR ALL SELECTIONS
 051: NO SUSPENSE RECORDS FOR SELECTION

10=PRT-SCREEN 11=SIGN-OFF

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MLPH 3042317

 MetLife

GA014159


 45-608 E.V. 51107
 45-704 E.V. 51107
 10-10-10

JLS MONROEVILLE PA BO

W3 7/12/93

JES OF CANCELLED CHECKS TO MGRS B/A

AUDIT AS OF JULY 12, 1993

JAU 040090

DATE OF	PAYEE	AMOUNT	PURPOSE
CHECK#			
5-26-93	MET LIFE SECURITIES	7000	FINANCIAL PLANNING SUPPLIES #500
6-2-93	VERNON PUBLISHING INC	16700	FIN. NEED AVAL. LEARNING PROGRAM
6-8	MET LIFE	10000	ANN DEPT PAY
6-8	MET LIFE	20000	" " " "
6-15	LUMEN SYSTEMS	25000	SUNNY VADOTE
6-22	UNITED WAY	10550	CHARITABLE CONTRIBUTION
6-25	[REDACTED]	2500	POLYNESIAN REP. DUE TO MIN. DEPT. ON MUTUALS
6-30	MET LIFE - RETIRE PRO	7500	SEMINAR ENROLLMENT
6-3	OFFICE DEPOT	2155	OFFICE SUPPLIES
6-12	OFFICE DEPOT	20512	OFFICE SUPPLIES

OBJECTIVE / SCOPE: REVIEW ALL CHECKS FROM MGRS B/A IN
 3 MO. PERIOD PREVIOUS TO AUDIT DATE (APR, MAY, JUNE)
 TO DETERMINE THAT ALL DISBURSEMENTS WERE
 AUTHORIZED.

CONCLUSION: ALL CHECK TRANSACTIONS WERE VERIFIED. NO AUDIT
 COMMENT.

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MLPH 3042319

WPS

GA014161



45-804 E.P. EAM
45-704 E.P. EAM
10/28/93

JLE MONROEVILLE PA BO

w3 7/14/93

VERIFICATION OF CWS/FIP/RWB

AUDIT AS OF JULY 12, 1993

JAU 040092

P-1

AGY INF	INSURED INFORMATION	OLD POLICY NO.	CHECK INFO	NEW POLICY INFO
172	[REDACTED]	92 [REDACTED] L	150000 93 [REDACTED] A	5.13.93 A 1200.00
	[REDACTED]		7-8	
	[REDACTED]	(AM) 7/14/93		
815	[REDACTED]	92 [REDACTED] L	10739 93 [REDACTED] M	5.28.93
	[REDACTED]		IFT 6.30	15K WL A 232.20
	[REDACTED]	(NORNO)		
172	[REDACTED]	92 [REDACTED] L	120000 93 [REDACTED] A	2.22.93
	[REDACTED]		IFT 6.9	45739 WL A 1200.00
	[REDACTED]	(NORNO)		FULLY FORWARD 10K NO USE OF L FOR 12K
803	[REDACTED]	92 [REDACTED] C	53312 93 [REDACTED] A	5.28.93
	[REDACTED]		5-28	45K L 93 A 786.45
	[REDACTED]	(NL)		
	[REDACTED]	SEE AR 10/1/93		

NOTES:

- 1) REVIEW DATES 7.9.93 TO 4.9.93
- 2) IFT - INTERNAL FUND TRANSFER
- 3) METLIFE - INT. FUND TRANSFER
- 4) (AM) - ANSWERING MACHINE

OBJECTIVE/SCOPE: TO REVIEW CONSOLIDATED WARRANT SYSTEM (CWS) FOR FINANCED BY INFORCE POLICIES (FIP) TO NEW ISSUE AND POSSIBLE CIRCUMVENTION OF REWRITTEN BUSINESS RULE (RWB). REVIEW OF LAST 3MO ACTIVITY TO 4.93

CONCLUSION: ALTHOUGH FOUR AR'S WERE OVER 15% FIP GRADUAL IMPROVEMENT HAS BEEN NOTED SINCE DEC 1992 REPORTING (BM NEW TO THIS BO 12.92). NO CONTROL PROBLEMS NO AUDIT COMMENT

NOTE: IFT - INTERNAL

MLPH 3042321

WFF 7

GA014163

REDACTED

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JAU 040072

INDIVIDUAL RECOGNITION AND AIC DATA
FOR MONTH ENDING JUNE 1993

PAGE 001

HEAD OFF. E NIDEASTERN H.O.
REGION R82 PITTSBURGH PA REG
OFFICE J15 MONROEVILLE BR PA

AGENCY	INDEX	NAME	TITLE	STAT	APPT DATE	NPC'S	MAY FYLR	MAR PERSIST RATE / TYPE	COMP PLAN
	✓172-3	PIERCE ROBERT B	S.REP	ACT	07/13/64	30.017	0.6	98.0 A	Y
	✓803-3	BIELSKI THOMAS	S.REP	ACT	11/02/64	23.366	5.4	95.3 A	Y
	✓815-2	KACZMAREK KENNE	S.REP	ACT	08/03/65	10.786	21.5	94.5 A	Y
	✓521-1	SCHRAEDER JEFFR	S.REP	T.DIS	10/05/92	3.853	0.0	0.0 P	L
	✓824-1	SINGLETON WILLI	S.REP	ACT	02/22/93	4.169	0.0	100.0 P	L
	✓830-1	KOZUSKO JOSEPH	S.REP	ACT	03/15/93	6.193	0.0	100.0 P	W
	✓850-1	KROZOVICH NORMA	S.REP	ACT	05/03/93	2.037	0.0	0.0 A	W
	✓862-1	ANDERSON KEITH	S.REP	ACT	10/17/88	10.933	9.6	92.4 A	Y
	✓870-1	TRAVIS DENNIS L	S.REP	ACT	06/24/91	102.657	1.5	94.9 P	L
	✓872-3	FORNEY PAUL R	S.REP	ACT	06/10/91	12.808	12.4	89.1 P	L
	✓881-2	GERMANOWSKI MAR	S.REP	ACT	08/14/89	14.066	4.7	93.6 A	Y

CONTINUED...

HAT

LES OFFICE DOES NOT EXIST. TYPE IN ANOTHER SALES OFFICE.

* - HIGHLIGHTED REPS ARE ELIGIBLE FOR REDUCED PRODUCTION REQUIREMENTS
 PF1: MENU PF2: PAGE FORWARD PF6: HELP PF12: PRINT

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MLPH 3042301



GA014145

M300800101703

3 7/13/93

JAU 040096

COMPLETE AND RETURN TO P. I. MARKETING, LIFE PRODUCT MANAGEMENT
 DONOTH MACCHIA N.Y.N.D. (S-F). UPDATE AS OF FEB 1991
 J15 - 0 MONROEVILLE BR., PA
 REGIONAL/SALES OFFICE
 YEAR 6

FURNITURE AND FIXTURES - INVENTORY

ITEM NO	DESCRIPTION OF ITEM	YEAR OF ACQ	COST	QUANTITY	TOTAL COST
111	DESK - NOR.	83	435	1	435
111	TABLE END - NOR.	83	78	1	78
111	WANDROBE - NOR.	83	192	1	192
111	BOOKCASE - NOR.	83	276	1	276
222	DESKS - S/N	83	312	12	4056
222	FILE LATERAL - 2 DRW.	83	310	12	3720
222	CHAIR SIDE W/ARMS	83	175	12	2100
222	CHAIR SIDE W/ARMS	83	106	12	1272
333	DESK - SEC.	83	598	1	598
333	FILE - 8 DRW. LEGAL	83	204	1	204
333	CHAIR SWIVEL BLACK	83	124	1	124
333	FILE 5 DRW. LEGAL 18"	83	210	1	210
333	SUPPLY CABINETS	83	275	1	275
333	STORAGE CABINET	83	223	1	223
333	SCALE POSTAGE - PINEY BOWES	83	725	1	725
777	VALET BLACK	83	100	1	100
777	POSTAGE METER	83	185	1	185
777	CRENZAS	83	115	1	115
777	FILE W/LOCK - SAFE	83	185	1	185
777	OUTWELL PANELS	83	185	1	185
777	SUPPORT PANEL	83	78	24	2280
888	TABLE CONFERENCE	83	672	1	672
888	CHAIR CONFERENCE ROOM	83	175	1	175
888	CHAIR LOONY	83	348	1	348
201	TABLE - CONTEMPORARY - 80-20	84	175	1	175
222	WALK FILES (LIGHTENING FILES)	84	358	1	358
333	TABLE CRTS	84	128	1	128
333	TYPEWRITER ROYAL ELECTRIC	84	812	1	812
333	ADDITION MACHINE BROWNS	84	100	1	100
333	TYPEWRITER ELECTRIC	84	781	1	781
777	CLOCK	84	25	1	25
777	EXEC-CLIPPER (SCREEN, CHAIR 80)	84	480	1	480
888	CAMERA PANASONIC AGC017A	84	781	1	781
888	TRIPPO, SAWYER AND DAVIS	84	85	1	85
888	POWER SUPPLY, 4420898	84	45	1	45
888	PROJECTION KODAK A17808	84	215	1	215

ESCHER-84 3 Sales Representative Chais 91
 Brothers Elect. Typewriter

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MLPH 3042325

GA014167

WF# 9

M300800101705

JAU 040098

K3062-NIC JUL 6, 1990 FIXED ASSETS ACCOUNTING SYSTEM - EQUIPMENT INVENTORY - JUL 1990

3423

PLEASE VERIFY ADDRESS AND EQUIPMENT AND ENTER CHANGES AS INDICATED AND MAIL TO YOUR BAE REPRESENTATIVE. IF THE INFORMATION BELOW IS CORRECT, THE COST CENTER MANAGER MUST STILL SIGN, DATE, AND RETURN THIS FORM.

DEPT. 17 COST CENTER 01915 COST CENTER NAME JIS MONROEVILLE WILLIAM PENN PLAZA 2790 MOSSIDE BLVD MONROEVILLE PA15106

- PLEASE PRINT NAME, AREA CODE AND PHONE NUMBER OF PERSON COMPLETING THIS FORM.
1. IF COST CENTER IS NOT AS SHOWN, CORRECT IT IN THE COLUMN PROVIDED. ASTERISKED ITEMS NOT USED BY OPT 17 ALTHOUGH CHARGED TO IT.
 2. IF EQUIPMENT IS NO LONGER IN YOUR OFFICE, PLEASE ENTER DATE REMOVED (MM/DD/YY) AND THE NEW COST CENTER IN THE COLUMNS PROVIDED.
 3. PLEASE PHOTOGRAPH FOR YOUR RECORDS.
 4. IF EQUIPMENT IS NOT IDENTIFIABLE IT WILL REMAIN IN YOUR COST CENTER UNLESS INFORMATION SYSTEMS IS NOTIFIED THAT IT IS LOCATED IN A DIFFERENT COST CENTER.

LISTED BELOW IS THE EQUIPMENT CHARGED TO YOUR COST CENTER:

VEND	DESCRIPTION	DEV QTY	SERIAL ASSET	ACQ DATE	MONTHLY DEPREC	MONTHLY MAINT	MONTHLY RENT LOC	NEW CC	REMOVAL DATE
------	-------------	---------	--------------	----------	----------------	---------------	------------------	--------	--------------

SONIC EQUIPMENT:

SYSTEM N85702	BULL. MODEN 212A INTELLIGENT	2125	4316514 84001986	06/84	0.00	5.00	0.00 D50		
	CODEX MODEN CODEX 2840	2840	1110 84001985	06/84	0.00	18.00	0.00 D50		
	BULL. PRINTER LOP 85 CPS	7006	NEC07444 84001984	06/84	0.00	0.00	0.00 D50		
	BULL. PRINTER LASER	7262	NEC03471 84001985	03/88	45.61	34.33	0.00 D50		
	BULL. CRT MULTIFUNCTIONAL	7270	2408817 84001983	06/84	0.00	0.00	0.00 D50		
	BULL. CRT MULTIFUNCTIONAL	7318	BR1581250 84001981	06/84	0.00	0.00	0.00 D50		
	BULL. CRT MULTIFUNCTIONAL	7318	BR1581251 84001982	06/84	0.00	0.00	0.00 D50		
	BULL. MEMORY 2MC	9802	BT0060008 00003021	07/83	0.00	0.00	0.00 D50		
	BULL. FLAG LIU ASYNC RS-232PORT	9840	AM85702 8400198001	12/85	55.85	30.00	0.00 D50		
	BULL. ADAPTER 8 4 RS-422 PORTS	9840	AM85702 8400198002	01/88	0.00	7.80	0.00 D50		
	BULL. CENTRAL PROCESSOR/AD INB	9840	AM85702 8400198003	01/88	0.00	200.00	0.00 D50		
	BULL. ACOUSTICAL PAIR COVERS	M3520	VA8885 85005248	08/85	4.01	0.00	0.00 D50		
	BULL. ACOUSTICAL PAIR COVERS	M3523	VA7050 85005248	08/85	4.55	0.00	0.00 D50		

OFFICE SYSTEMS EQUIPMENT:

SYSTEM PC L40207	BULL. COMPUTER LAPTOP 4084/MCM	1565	IBM4020354 88558774	06/88	50.28	5.83	0.00 D36		
SYSTEM PC L40492	BULL. PRINTER INKJET PORTABLE	D150	6073265 88DM788300	06/88	6.16	3.75	0.00 WMS		
SONIC EQUIPMENT:									
SYSTEM PMS735	BULL. SYS UNIT XP 512KB RMS MM	0440	MXPD01347 88006722	08/88	20.33	28.30	0.00 D50		
BULL. MONITOR, MONOCHROME		0781	MX8M03308 88006813	08/88	6.85	4.80	0.00 D50		
SITE TOTALS					187.85	344.71	0.00		
COST CENTER TOTALS							0.00		

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GA014169

MLPH 3042327

M300800101707


 AS-604
 AS-704
 MADE IN USA

JIS MONROEVILLE PA BO

W3 7/13/93

REV. W OF Policy DELIVERY CONTROL

JAU 040100

AUDIT AS OF JULY 13, 1993

AGY REPRESENTATIVES NAME	NO. UNDELIVERED 1993	COMMENTS
172-3 PIERCE, ROBT	1	
803-3 BIELSKI, THOMAS	0	
815-2 KACZMAREK, KEN	3	
821-1 SCHAEFER, JEFF	015	DISABILITY
824-1 SINGLETON, WE	3	
830-1 KUZUSHA, JOSEPH	0	
842-1 ANDERSON, KEITH	3	
870-1 TRAVIS, DENNIS	10	
872-3 FORNEY, PAUL	1	
881-2 GERMANOWSKI, M.	4	
888-3 FORNEY, DEBBIE	8	
850-1 BROZOVICH, NORM	2	
TOTAL	35	

OBJECTIVE/SCOPE: TO VERIFY CONTROL OVER DELIVERY OF NEW POLICIES BY ACCOUNT REPRESENTATIVES AND COMPLIANCE OF CO. REGULATIONS IN THAT POLICIES DELIVERED WITHIN 10 DAYS OF RECEIPT.

CONCLUSION: AUDIT COMMENT: GENERALLY AR'S NOT DELIVERING POLICIES WITHIN 10 DAYS OF RECEIPT IN BO.

 AUDIT
 COMMENT

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MLPH 3042329

WPR 10

GA014171

M300800101709

JAU 040102

-----LICENSE INFORMATION-----

S.O. : J15 AGENCY: 803 INDEX: 3 NAME: BIELSKI THOMAS P MS1: 120991
 TITLE: SR. ACCT. EXECUTIVE STATUS: A ACTIVE CRD: 0000021200
 SSN. : [REDACTED] CSD: 10/26/64 DOB: [REDACTED] ANN: A AOU:
 SPOS.: [REDACTED] NASD: 062673 SER 6: SER 7: 1
 ADDR.: [REDACTED] SER22: SER63: 1
 CITY : [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]
 NOTES:

STATE	CNTY	POWER	EFF. DATE	TERM DATE	EXP. DATE	C.E. DATE	CO. PAY TYPE	LIC. NO.	DEL
38-PA		1-MLI	112164				0 R	0181130	
38-PA		7-ANNU	092273				0 R	0181130	
38-PA		8-MPC	073079				0 R	0261760	
38-PA		9-MIAC	101179				0 R	0181130	
38-PA		B-MGIC	091382				0 R		
38-PA		C-MCIC	091382				0 R		
38-PA		D-MTTL	123083				0 R	0181130	
38-PA		F-MSI	120991				0 R		
23-MN		F-MSI	072892				0 N		

--- PAGE: 01 --- TOTAL PAGE: 01 CURRENT ID
 PF1: MENU PF2: NEXT PG. PF3: PRIOR PG. PF4: NEXT INDIV. PF5: PRIOR INDIV.
 PF6: HELP PF7: EMP INFO PF8: CURR IDENT PF10: PRIOR IDENT PF12: PRINT

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MLPH 3042331



REDACTED

GA014173

M300800101711

-----LICENSE INFORMATION-----

JAU 040104

S.O. : J15 AGENCY: 870 INDEX: 1 NAME: TRAVIS DENNIS L MSI: 010892
 TITLE: ACCT. REPRESENTATIVE STATUS: A ACTIVE CRD: 0002166309
 SSN. : ██████████ CSD: 04/08/91 DOB: ██████████ ANN: A ADU:
 SPOS. : ██████████ NASD: 120291 SER 6: 1 SER 7:
 ADDR. : ██████████ SER22: SER63: 1
 CITY : ██████████ STATE: ██████████ ZIP: ██████████
 NOTES:

STATE	CNTY	POWER	EFF. DATE	TERM DATE	EXP. DATE	C.E. DATE	CO. PAY TYPE	LIC. NO.	DEL
38-PA		G-ADV	010893				0 R		
35-OH		G-ADV	020193				0 N		
35-OH		1-MLI	021793				0 N	SSW	
35-OH		7-ANNU	021793				0 N	SSW	
04-CA		F-MSI	030293				0 N		
4B-WV		F-MSI	030293				0 N		

--- PAGE: 02 --- TOTAL PAGE: 02 CURRENT ID
 PF1: MENU PF2: NEXT PG. PF3: PRIOR PG. PF4: NEXT INDIV. PF5: PRIOR INDIV.
 PF6: HELP PF7: EMP INFO PF8: CURR IDENT PF10: PRIOR IDENT PF12: PRINT

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MLPH 3042333



REDACTED

GA014175

M300800101713

JAU 040106

-----LICENSE INFORMATION-----

S.O. : J15 AGENCY: B21 INDEX: 1 NAME: SCHRAEDER JEFFREY MSI:
 TITLE: ACCT. REPRESENTATIVE STATUS: E TEMPORARY DIS. 2-27WKS CRD: 0002327694
 SSN. : [REDACTED] CSD: 09/14/92 DOB: [REDACTED] ANN: A ADU:
 SPOS.: [REDACTED] NASD: 041993 SER 6: 1 SER 7:
 ADDR.: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED] SER22: SER63:
 CITY : [REDACTED]
 NOTES:

STATE	CNTY	POWER	EFF. DATE	TERM DATE	EXP. DATE	C.E. DATE	CO. PAY TYPE	LIC. NO.	DEL
38-PA		1-MLI	091492				0 R	4331534	

--- PAGE: 01 --- TOTAL PAGE: 01 CURRENT ID
 PF1: MENU PF2: NEXT PG. PF3: PRIOR PG. PF4: NEXT INDIV. PF5: PRIOR INDIV.
 PF6: HELP PF7: EMP INFO PF8: CURR IDENT PF10: PRIOR IDENT PF12: PRINT

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REDACTED

GA014177

M300800101715

-----LICENSE INFORMATION-----

JAU 040108

S.O. : J15 AGENCY: 930 INDEX: 1 NAME: KOZUSKO JOSEPH C
 TITLE: ACCT. REPRESENTATIVE STATUS: A ACTIVE
 SSN. : [REDACTED] CSD: 02/15/93 DOB: [REDACTED] ANN: A
 SPOS. : [REDACTED] NASD: [REDACTED]
 ADDR. : [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]
 CITY : [REDACTED]
 NOTES:

MSI:
 CRD:
 ADU:
 SER 6: SER 7:
 SER22: SER63:

STATE	CNTY	POWER	EFF. DATE	TERM DATE	EXP. DATE	C.E. DATE	CO. PAY TYPE	LIC. NO.	DEL
38-PA		4-TEMP	021893				O R	LAH	
38-PA		4-TEMP	021893				O R	MIAC	
38-PA		2-MLL	021893				O R	4414078	
38-PA		9-MIAC	021893				O R	4414078	

--- PAGE: 01 --- TOTAL PAGE: 01 CURRENT ID
 PF1: MENU PF2: NEXT PG. PF3: PRIOR PG. PF4: NEXT INDIV. PF5: PRIOR INDIV.
 PF6: HELP PF7: EMP INFO PF8: CURR IDENT PF10: PRIOR IDENT PF12: PRINT

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MLPH 3042337



REDACTED

GA014179

M300800101717

-----LICENSE INFORMATION-----

JAU 040110

S.O. : J15 AGENCY: 888 INDEX: 3 NAME: FORNEY DEBORAH A
 TITLE: ACCT. REPRESENTATIVE STATUS: A ACTIVE
 SSN. : [REDACTED] CSD: 06/15/92 DOB: [REDACTED] ANN: A
 SPOS. : [REDACTED] NASD: SER 6: SER 7:
 ADDR. : [REDACTED] SER22: SER63:
 CITY : [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]
 NOTES:

STATE	CNTY	POWER	EFF. DATE	TERM DATE	EXP. DATE	C.E. DATE	CO. PAY	TYPE	LIC. NO.	DEL
38-PA		1-MLI	061892				0	R	4227227	
38-PA		9-MIAC	061892				0	R	4227227	

--- PAGE: 01 --- TOTAL PAGE: 01 CURRENT ID
 PF1: MENU PF2: NEXT PG. PF3: PRIOR PG. PF4: NEXT INDIV. PF5: PRIOR INDIV.
 PF6: HELP PF7: EMP INFO PF8: CURR IDENT PF10: PRIOR IDENT PF12: PRINT

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 MetLife

MLPH 3042339

REDACTED

GA014181

M300800101719

JAU 040112

-----LICENSE INFORMATION-----

S.O. : J15 AGENCY: 815 INDEX: 2 NAME: KACZMAREK KENNETH F MSI: 060892
 TITLE: ACCT. REPRESENTATIVE STATUS: A ACTIVE CRD: 0000262913
 SSN. : [REDACTED] CSD: 07/27/65 DOB: [REDACTED] ANN: A ADU:
 SPOS.: [REDACTED] NASD: 010174 SER 6: SER 7: 1
 ADDR.: [REDACTED] SER22: SER63: 1
 CITY : [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]
 NOTES:

STATE	CNTY	POWER	EFF. DATE	TERM DATE	EXP. DATE	C.E. DATE	CO. PAY TYPE	LIC. NO.	DEL
46-VA		1-MLI	041592				0 N		
38-PA		F-MSI	060892				0 R		

--- PAGE: 02 --- TOTAL PAGE: 02 CURRENT ID
 PF1: MENU PF2: NEXT PG. PF3: PRIOR PG. PF4: NEXT INDIV. PF5: PRIOR INDIV.
 PF6: HELP PF7: EMP INFO PF8: CURR IDENT PF10: PRIOR IDENT PF12: PRINT

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MLPH 3042341

REDACTED

GA014183

JAU 040114

-----LICENSE INFORMATION-----

S.O. : J15 AGENCY: 862 INDEX: 1 NAME: ANDERSON KEITH W MSI: 083090
 TITLE: ACCT. REPRESENTATIVE STATUS: A ACTIVE CRD: 0002030260
 SSN. : [REDACTED] CSD: 10/03/88 DOB: [REDACTED] ANN: A ADU:
 SPOS.: [REDACTED] NASD: 031590 SER 6: 1 SER 7:
 ADDR.: [REDACTED] SER22: SER63: 1
 CITY : [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]
 NOTES:

STATE	CNTY	POWER	EFF. DATE	TERM DATE	EXP. DATE	C.E. DATE	CO. PAY	TYPE	LIC. NO.	DEL
38-PA		2-MLL	101788				0	R	7522030	
38-PA		9-MIAC	101788				0	R		
38-PA		7-ANNU	060790				0	R		
38-PA		D-MTTL	050290				0	R		
38-PA		F-MSI	083090				0	R		

--- PAGE: 01 --- TOTAL PAGE: 01 CURRENT ID
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 PF6: HELP PF7: EMP INFO PF8: CURR IDENT PF10: PRIOR IDENT PF12: PRINT

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MLPH 3042343



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GA014185

M300800101723

JAU 040116

CONFIDENTIAL
PROPRIETARY

MLPH 3042345



GA014187